SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701473 (1)

1. Corporation Name
DOG TRAINING CLUB OF ST PETERSBURG INC

Principal Place of Business	Mailing Address
C/O STAPLETON & SMITH. P.A. 6600 34 AVE. NO. ST. PETERSBURG FL 33710	C/O STAPLETON & SMITH. P.A. 6600 34 AVE. NO. ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **09/29/1960**
3a. Date of Last Report: **04/17/1996**
4. FEI Number: **23-7099551** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, TED
C/O STAPLETON & SMITH, P.A.
6600 34 AVE. NO.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	V/D	☐ Change ☐ Addition
NAME	CONROY, ALAN		1.2 NAME		
STREET ADDRESS	4727 14TH AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	WALKER, VIGINIA		2.2 NAME		
STREET ADDRESS	4690 36TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	JULIA LIPSID D	☐ Change ☒ Addition
NAME	KILLEEN, JOANNE		3.2 NAME	4855A Cobia Drive SE	
STREET ADDRESS	4711 47TH STREET NORTH		3.3 STREET ADDRESS	St Petersburg, FL 33705	
CITY-ST-ZIP	PINELLAS PARK FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	REED, LORRIE K		4.2 NAME		
STREET ADDRESS	4365 66TH AVENUE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNFORD, APRIL		5.2 NAME		
STREET ADDRESS	6898 27TH STREET NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE	TR	☐ Change ☐ Addition
NAME	ROHR, JUDY		6.2 NAME		
STREET ADDRESS	5862 63RD WAY N		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 7-28-97 813 522-9468